STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155746	A. BUILDING _____ B. WING _____	C 07/06/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKVIEW HAVEN	**101 CONSTITUTION DR FRANCESVILLE, IN 47946**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00109787 and IN00111525. Complaint IN00109787 substantiated no deficiencies related to the allegations are cited. Complaint IN00111525 substantiated no deficiencies related to the allegations are cited. Survey date: July 6, 2012 Facility number: 000539 Provider number: 155746 AIM number: 100267280 Survey team: Janelyn Kulik, RN Census bed type: SNF/NF: 39 Residential: 56 Total: 56 Census payor type: Medicare: 7 Medicaid: 18 Other: 31 Total: 56 Sample: 3 Residential sample: 3 Parkview Haven was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint IN00109787 and IN00111525. Quality review completed 7/9/12	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 000	Continued From page 1 Cathy Emswiller RN	F 000		